

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2017
FORM APPROV
OMB NO. 0938-03

454 3/18/17 70th 4/12/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2017
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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, OAK RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 LABORATORY RD OAK RIDGE, TN 37831
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F 161 SS=B	<p>483.10(f)(10)(vi) SURETY BOND - SECURITY OF PERSONAL FUNDS</p> <p>(10)(vi) Assurance of Financial Security.</p> <p>The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility. This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility records review and interview, the facility failed to provide a Surety Bond to cover the residents' personal funds account.</p> <p>The findings included:</p> <p>Review of the daily ledger balance summary for the residents' personal funds dated 12/1/16 through 12/31/16 revealed the following balances:</p> <ol style="list-style-type: none"> 1) 12/2/16 with a balance of \$42,126.24 2) 12/5/16 with a balance of \$41,265.53 3) 12/6/16 with a balance of \$41,665.53 4) 12/7/16 with a balance of \$19,884.93 5) 12/8/16 with a balance of \$19,849.93 <p>Review of a facility letter from the insurance company dated 12/5/16 revealed a bond amount of \$18,000.00.</p> <p>Interview with the Administrator on 2/1/17 at 7:45 AM in the conference room, confirmed the Surety Bond amount was \$18,000.00 and the resident trust balance had been more than \$18,000.00 on 5 occasions in December 2016.</p>	F161	<p>This plan of correction is submitted as required under State and Federal law and does not constitute an admission on the part of the facility that the findings constitute a deficiency or that the scope of the deficiencies cited are correctly applied.</p> <ol style="list-style-type: none"> 1. The center will increase its Surety Bond to provide assurance satisfactory to the secretary, to assure the security of all personal funds of residents' deposits with the facility. 2. There were no other residents affected and upon correction no other action will be taken. Surety Bond was increased as of 2/10/2017. 3. Bookkeeping will review monthly during the bank statement reconciliation process to ensure compliance. 4. As of 2/10/2017 the Surety Bond was increased so the regulation will have been met. No other action will be required. 	2/10/17
F 309 SS=D	<p>483.24, 483.25(k)(1) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>483.24 Quality of life</p> <p>Quality of life is a fundamental principle that</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 2-17-17
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.</p> <p>483.25 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to follow a physician's order for medication administration for 1 resident (#58) of 21 sampled residents.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #58 was admitted to the facility on 9/11/08 and re-admitted on 11/23/16, with diagnoses including Alzheimer's Disease, Major Depressive Disorder, Dysphagia, End Stage Renal Disease and Diabetes.</p> <p>Medical record review of the Medication Administration Record dated 2/1/17 revealed</p>	F 309	<p>1. Resident #58 was assessed after identification and no negative outcome was identified. This resident's MAR was reviewed to ensure correct order and all nurses who routinely care for resident will be in-serviced on following orders for medication administration with food.</p> <p>2. The pharmacist will perform random medication pass observations on all units weekly for 4 weeks to ensure that medications required to be given with food are being administered correctly.</p> <p>3. The DON or designee will perform in-services for all licensed nurses on the proper procedure for administering medications with food.</p> <p>4. The DON or designee will observe medication passes weekly x 4 weeks, with the nurse identified during the survey, as well as other random nurses on all shifts. The findings will be discussed at the March 2017 QA meeting.</p>	3/18/17	

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F 309	Continued From page 2 "...Renvela [medication used to control phosphorus levels in people with chronic kidney disease who are on dialysis] 0.8 GM [Gram] Powder Pac Give 1 Packet 3 times daily with meals..." Continued review revealed the medication was signed by the Licensed Practical Nurse (LPN) #1 for 8:00 AM. Observation of Resident #58 on 2/1/17 at 10:30 AM, sitting in a geri-chair in the dining room. Continued observation revealed the Assistant Director of Nursing assisted Resident #58 with breakfast and the resident ate 75% of her meal. Interview with LPN #1 on 2/1/17 at 4:15 PM, at the 200 nurse's station confirmed the LPN failed to follow the physician's order and gave the medication without food.	F 309			
F 431 SS=D	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--	F 431	1. No residents were affected by deficient practice. The expired items were immediately removed from use. 2. All medication rooms, medication carts, and other supply storage areas will be inspected for expired laboratory supplies and expired blood glucose control solution, and will be removed immediately. Nurses will be in-serviced on looking for expiration dates on blood glucose control solution and blood collection tubes prior to use.		

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F 431	Continued From page 3 (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. (h) Storage of Drugs and Biologicals. (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. (2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on review of manufacturer's instructions, observation, and interview the facility failed to ensure laboratory supplies had not expired for 1 of 2 medication rooms and failed to ensure blood	F 431	3. The DON or designee will perform in-service training to all nursing partners on expired supplies. 4. The DON, or designee will conduct weekly checks for four weeks on all medication carts as well as storage areas for blood collection supplies. The findings will be discussed at the March 2017 QA meeting. 3/18/17	

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F 431	Continued From page 4 glucose control solutions had not expired for 1 of 3 medication carts reviewed. The findings included: Review of the manufacturer's instructions for blood glucose control solution revealed "...Use the control solution within 90 days...of first opening...write the date of opening on the control solution bottle label as a reminder to dispose of the opened solution after 90 days..." Observation with Licensed Practical Nurse (LPN) #2 on 2/1/17 at 11:00 AM, in the Wing 2 medication storage room revealed 3 pediatric purple top specimen collection tubes with expiration date of 8/2015. Interview with the Assistant Director of Nursing (ADON) on 2/1/17 at 11:11 AM, in the Wing 2 medication storage room confirmed the facility failed to monitor expired laboratory supplies. Observation with LPN #3, of the medication cart B on 2/1/17 at 11:30 AM, in the Wing 1 medication storage room revealed 2 bottles of the test solution for testing the accuracy of the blood glucose machine had an opened date of 10/18/16. Continued observation revealed 2 bottles of test solution was open and undated. Interview with the ADON on 2/1/17 at 2:53 PM, in the Wing 1 medication storage room confirmed the facility failed to ensure blood glucose control solutions had not expired.	F 431			